

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

NEIGHBORHOOD ACTION MATCH PROGRAM APPLICATION AUGUST 2012

1. NEIGHBORHOOD  
ASSOCIATION NAME: \_\_\_\_\_
- CONTACT PERSON/TITLE: \_\_\_\_\_
- ADDRESS: \_\_\_\_\_
- PHONE NO.: \_\_\_\_\_
- EMAIL ADDRESS: \_\_\_\_\_

2. AMOUNT OF FUNDS REQUESTED: (Must equal Item 6 totals -*Please round numbers to the nearest dollar.*)

LFUCG	NEIGHBORHOOD ASSOCIATION	TOTAL
\$ _____	\$ _____	\$ _____

3. PROJECTED STARTING DATE: \_\_\_\_\_

4. EXPECTED DATE OF COMPLETION: \_\_\_\_\_

5. **PROJECT NARRATIVE:** (*Describe activities in detail to include the priority of activities if more than one activity is involved. Also, attach pictures of proposed project area.*)

6. **PROJECT BUDGET AND BUDGET NARRATIVE:** *(Include specific information on the value of in-kind services and/or in-kind supplies and materials and how the neighborhood association's share will be provided.)* Attach written estimates for all materials and services to be purchased and documentation of in-kind services and donated items .

**NEIGHBORHOOD ACTION MATCH SOURCES OF FUNDING**

PROJECTS <i>(Each line for individual project.)</i>	\$ LFUCG SHARE	NEIGHBORHOOD SHARE			\$ TOTAL
		\$ APPLICANT CASH MATCH	\$ IN-KIND SERVICE MATCH	\$ DONATED MATERIAL MATCH	
(1)	\$	\$	\$	\$	\$
(2)	\$	\$	\$	\$	\$
(3)	\$	\$	\$	\$	\$
(4)	\$	\$	\$	\$	\$
(5)	\$	\$	\$	\$	\$
TOTAL SOURCES:	\$	\$	\$	\$	GRAND TOTAL
					\$

**NOTE:** *The sum of all sources of revenue must equal the Grand Total and Item 2 amounts on Page 1.*

A. LIST ALL SOURCES OF CASH MATCH:

B. SPECIFY NATURE AND HOURS OF LABOR FOR IN-KIND SERVICE MATCH:

C. LIST TYPES AND VALUES OF DONATED MATERIALS MATCH SHARE:

D. ATTACH WRITTEN ESTIMATES FOR WORK TO BE ACCOMPLISHED BY GRANT.

7. **PROJECT MANAGEMENT PLAN:** *(Describe process and time schedule for implementation.)*

8. **NEIGHBORHOOD PARTICIPATION:** *(Describe the process the neighborhood used to select activities, i.e. number of meetings, who was invited, who attended, etc Attach meeting minutes of decision on project for NAMP funding.)*

9. **FINANCIAL ACCOUNTABILITY:** *(Copy of association's checking account statement, please indicate previous year(s) of NAMP funding/amounts, and any outstanding balance.)*

10. **PROJECT EXPERIENCE:** *(Brief description of past or current neighborhood projects undertaken by the neighborhood association.)*

11. **COMMUNITY OBJECTIVES:** *(Brief description of how the planned activity will meet one or more of the Action Match Program Objectives. See Program Objectives on Pages 1 & 2 of Instructions.)*

12. PLEASE ATTACH SUPPLEMENTAL MATERIAL AS REQUIRED IN THE ANNOUNCEMENT OF FUND AVAILABILITY:

1. *Copy of KY Secretary of State current annual report and current registration showing in good standing.*
2. *Meeting minutes documenting the election of current officers.*
3. *Names and addresses of all current association elected officials and members of the governing body.*

13. **OTHER PERTINENT INFORMATION:** *(Use to describe any unusual features of the project not elsewhere described in this application.)*

14. SIGNATURE OF AUTHORIZED OFFICIAL:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Applications must be submitted by the deadline of 4:00 p.m. on **Friday, November 2, 2012. (No emails or faxes.)** If you should need additional information about the Neighborhood Action Match Program, please contact Vanessa Caise at (859) 258-3070. The completed application and all supporting material should be returned to:

**LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT  
DIVISION OF GRANTS AND SPECIAL PROGRAMS  
200 EAST MAIN STREET, 6<sup>th</sup> Floor  
LEXINGTON, KENTUCKY 40507**